

DEC 06 2004

PTO/SB/22 (10-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 07589.0124.PCUS00
In re Application of HAKANSSON		
Application Number 10/604,420		Filed 07/18/2003
For APPARATUS FOR CONTROLLING A LUBRICATION FLUID LEVEL		
Group Art Unit 3747	Examiner KAMEN	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1)) \$ _____
- ☒ Two months (37 CFR 1.17(a)(2)) \$430.00
- ☐ Three months (37 CFR 1.17(a)(3)) \$ _____
- ☐ Four months (37 CFR 1.17(a)(4)) \$ _____
- ☐ Five months (37 CFR 1.17(a)(5)) \$ _____
- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.
- ☐ A check in the amount of the fee is enclosed.
- ☒ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☐ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 14-1437.
- I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

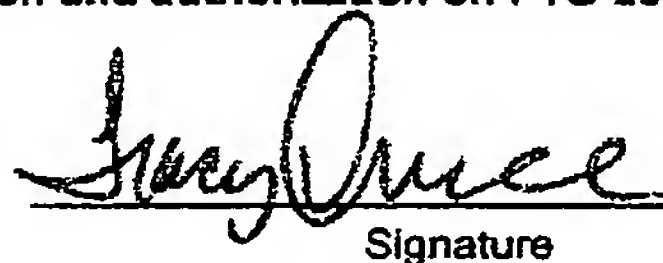
☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____

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12/06/2004

Date



Signature

Tracy W. Druce

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

Open Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/17 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**FEE TRANSMITTAL
for FY 2002**

Patent fees are subject to annual revision.

Complete if Known

Application Number	10/604,420
Filing Date	07/18/2003
First Named Inventor	HAKANSSON
Examiner Name	KAMEN
Group / Art Unit	3747
Attorney Docket No.	07589.0124.PCUS00

TOTAL AMOUNT OF PAYMENT (\$) 818


METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order		3. ADDITIONAL FEES	
<input type="checkbox"/> Deposit Account: Deposit Account Number: 141437 Deposit Account Name: NOVAK DRUCE LLP			
The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
1. BASIC FILING FEE			
Large Entity	Small Entity	Fee Code	Fee (\$)
101	201	105	130
106	206	127	50
107	207	139	130
108	208	147	2,520
114	214	112	920*
SUBTOTAL (1)		113	1,840*
(\$ 0)		115	110
		116	400
		117	920
		118	1,440
		128	1,960
		119	320
		120	320
		121	280
		138	1,510
		140	110
		141	1,280
		142	1,280
		143	480
		144	620
		122	130
		123	50
		126	180
		581	40
		146	740
		149	740
		179	740
		169	900
		Other fee (specify) _____	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$ 430)	

2. EXTRA CLAIM FEES	
Total Claims	Extra Claims
4	0
Independent Claims	Fee from below
3	88
Multiple Dependent	Fee Paid
1	300
SUBTOTAL (2) (\$ 388)	

1. BASIC FILING FEE	
Large Entity	Small Entity
Fee Code	Fee (\$)
101	201
106	206
107	207
108	208
114	214
SUBTOTAL (1) (\$ 0)	

2. EXTRA CLAIM FEES	
Large Entity	Small Entity
Fee Code	Fee (\$)
103	203
102	202
104	204
109	209
110	210
SUBTOTAL (2) (\$ 388)	

**or number previously paid, if greater. For Reissues, see above

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Tracy W. Druce	Registration No. Attorney/Agent	35,493
Signature		Telephone	202.293.7333
		Date	12/06/2004

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